

500.39919X00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Y. YAMAGUCHI, et al

Application No.: 09/811,401

Filed: March 20, 2001

For: SEMICONDUCTOR DEVICE AND METHOD FOR
MANUFACTURING THE SAME AND SEMICONDUCTOR
DEVICE-MOUNTED STRUCTURE

FAX RECEIVED

Art Unit: 2827

AUG 13 2003

Examiner: L. Cruz

TECHNOLOGY CENTER 2800

PETITION FOR EXTENSION OF TIME

Commissioner For Patents
P.O. Box 1450
Washington, D.C. 20231

August 13, 2003

Sir:

In the matter of the above-identified application, Applicants hereby respectfully petition for an extension of time to permit filing a response within a third-month time period subsequent to expiration of the shortened statutory period set in the outstanding Office Action mailed February 13, 2003. A credit card payment form in the amount of \$930.00 to cover the required fee for the requested extension of time is attached hereto.

It is respectfully requested that any shortage in the fee be charged to the deposit account of Antonelli, Terry, Stout & Kraus, LLP, Account No. 01-2135 (500.39919X00) and any excess fees credited to that account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

By 

Gregory E. Montone
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OFFICE

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Approved for use through 01/31/2003. OMB 0651-0043

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Credit Card Payment Form

Please Read Instructions before Completing this Form

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Credit Card Information

Credit Card Type: Visa MasterCard American Express Discover

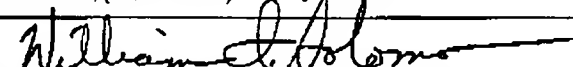
Credit Card Account #: 3782 966500 11073

Credit Card Expiration Date: 06/04

Name as it Appears on Credit Card: William I. Solomon

Payment Amount: \$(US Dollars): 1,250.00

Signature:



Date:

August 13, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 1300 N. 17th Street

Street Address 2: Suite 1800

City: Arlington

State: Virginia

Zip/Postal Code: 22209

Country: USA

Daytime Phone #: 703-312-6600

Fax #: 703-312-6666

Request and Payment Information

Description of Request and Payment Information:

Notice of Appeal Fee (320) and Third-month Extension of Time (930)

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/811,401	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 500.39919X00		Identify or Describe Mark	

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